

FINANCIAL STATEMENTS AND REPORT OF
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
DECEMBER 31, 2017 AND 2016

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LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS
Years ended December 31, 2017 and 2016

Our discussion and analysis of the financial performance of Labette County Medical Center d/b/a Labette Health provides a narrative overview of Labette Health's financial activities for the years ended December 31, 2017 and 2016. Please read it in conjunction with the accompanying financial statements.

Financial highlights

Labette Health's net position increased by \$1,012,500 or 3.0 percent in 2017 and increased by \$2,248,037 or 7.0 percent in 2016.

Labette Health reported an operating income of \$722,643 in 2017, an operating income of \$2,789,250 in 2016, and an operating income of \$2,796,124 in 2015.

Using these financial statements

Labette Health's financial statements consist of three statements - a Statement of Net Position; a Statement of Revenues, Expenses, and Changes in Net Position; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of Labette Health, including resources held by or for the benefit of Labette Health, and resources restricted for specific purposes by contributors, grantors, and indenture agreements.

One of the most important questions asked about Labette Health's finances is, "Is Labette Health as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about Labette Health's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. For purposes of these two statements, revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report Labette Health's net position and changes in it. Labette Health's net position - the difference between assets and liabilities - may be thought of as one way to measure its financial health, or financial position. Over time, increases or decreases in Labette Health's net position are one indicator of whether its financial health is improving or deteriorating. Consideration must also be given to other nonfinancial indicators, such as changes in Labette Health's patient base and measures of the quality of service it provides to the community, as well as local economic factors, to assess the overall health of Labette Health.

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?", and "What was the change in cash balance during the reporting period?"

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS - CONTINUED
Years ended December 31, 2017 and 2016

Assets, liabilities, and net position

Labette Health's statements of net position as of the end of each of the last three years are summarized as follows:

	<u>2017</u>	<u>2016</u>	<u>2015</u>
Assets			
Current assets	\$ 24,975,213	\$ 24,761,657	\$ 23,791,968
Assets limited as to use	10,938,054	13,276,191	12,650,712
Capital assets, net	29,464,537	30,764,986	32,207,300
Other assets	<u>595,822</u>	<u>526,247</u>	<u>407,554</u>
Total assets	<u>65,973,626</u>	<u>69,329,081</u>	<u>69,057,534</u>
Deferred outflows of resources on advance refunding	<u>408,562</u>	<u>147,570</u>	<u>-</u>
Liabilities			
Current liabilities	(7,545,917)	(6,545,237)	(7,808,379)
Long-term liabilities	<u>(23,522,343)</u>	<u>(28,629,986)</u>	<u>(29,195,764)</u>
Total liabilities	<u>(31,068,260)</u>	<u>(35,175,223)</u>	<u>(37,004,143)</u>
Net position	<u>\$ 35,313,928</u>	<u>\$ 34,301,428</u>	<u>\$ 32,053,391</u>

Cash and cash equivalents in the current asset category increased by \$1,112,145 in 2017 and increased by \$1,287,642 in 2016. The changes in both years are due to cash flows from operations and investing activities being more than the cash used by capital and related financing activities.

Net patient accounts receivable decreased by \$780,748 in 2017 and increased by \$752,641 in 2016. The number of days of net revenue represented by net accounts receivable was 56 days, 61 days, and 57 days as of December 31, 2017, 2016, and 2015, respectively. The median value of similar hospitals for this ratio is 58 days.

Net capital assets decreased by \$1,300,449 in 2017 and decreased by \$1,442,314 in 2016. Capital asset acquisitions during 2017 and 2016 were funded from operating cash flow and capital lease obligations. Cash outlays for capital asset acquisitions totaled \$3,203,216 during 2017, and was paid for from operating cash flow. Cash outlays for capital asset acquisitions totaled \$3,198,718 during 2016, of which \$175,777 (5.5 percent) was financed with capital lease obligations and the rest was paid for from operating cash flow.

Labette Health issued \$15,000,000 and \$9,021,000 in bonds during January 2017 and December 2016 respectively, for the advance refunding of the 2007 bond issue.

Labette Health's net position increased by \$1,012,500 or 3.0 percent in 2017 and increased by \$2,248,037 or 7.0 percent in 2016. The percentage of total assets financed with net position, or equity, was 53.2 percent, 49.4 percent, and 46.4 percent as of December 31, 2017, 2016, and 2015, respectively.

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS - CONTINUED
Years ended December 31, 2017 and 2016

Operating results and changes in net position

Labette Health's operating results and changes in net position for each of the last three years are summarized as follows:

	<u>2017</u>	<u>2016</u>	<u>2015</u>
Operating revenues	\$ 66,546,740	\$ 63,664,526	\$ 61,954,323
Operating expenses	<u>65,824,097</u>	<u>60,875,276</u>	<u>59,158,199</u>
Operating income	722,643	2,789,250	2,796,124
Ambulance subsidy	273,605	185,977	99,131
Interest expense	(1,236,215)	(1,813,925)	(1,710,817)
Other nonoperating revenues	199,624	110,311	626,402
Capital grants, contributions, and sales tax revenue	<u>1,052,843</u>	<u>976,424</u>	<u>1,025,968</u>
Change in net position	<u>\$ 1,012,500</u>	<u>\$ 2,248,037</u>	<u>\$ 2,836,808</u>

The first, and most significant, component of the overall change in Labette Health's net position is its operating income - generally, the difference between net patient service revenue and the expenses incurred to perform those services. Labette Health's operating income decreased by \$2,066,607 in 2017 and decreased by \$6,874 in 2016.

Gross and net patient service revenue for the past three years are analyzed as follows:

	<u>2017</u>	<u>2016</u>	<u>2015</u>
Inpatient services	\$ 48,974,180	\$ 49,489,322	\$ 50,708,929
Outpatient services	113,342,401	99,118,560	93,969,175
Physician services	<u>20,127,048</u>	<u>18,952,655</u>	<u>18,516,262</u>
Gross patient service revenue	182,443,629	167,560,537	163,194,366
Contractual adjustments	(110,957,805)	(98,115,924)	(95,191,291)
Provision for bad debts	(9,653,476)	(8,258,806)	(7,129,530)
Charity care	<u>(1,808,981)</u>	<u>(1,655,704)</u>	<u>(2,241,544)</u>
Net patient service revenue	<u>\$ 60,023,367</u>	<u>\$ 59,530,103</u>	<u>\$ 58,632,001</u>

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
MANAGEMENT'S DISCUSSION AND ANALYSIS - CONTINUED
Years ended December 31, 2017 and 2016

Labette Health raised its charge rates by approximately 6.0 percent during 2017 and did not increase charge rates during 2016. Total inpatient revenues decreased by 1.0 percent during 2017. This decrease was a result of a 10.6 percent decrease in acute and ICU patient days, a 10.5 percent decrease in nursery patient days, and a 4.6 percent decrease in rehabilitation unit patient days. These decreases in patient days were offset by the charge increases in 2017. Total inpatient revenues decreased by 2.4 percent during 2016. This decrease was a result of a 14.2 percent decrease in acute and ICU patient days and a 16.3 percent decrease in nursery patient days, which was partially offset by a 15.1 percent increase in rehabilitation unit patient days during 2016.

Outpatient revenues increased by 14.4 percent during 2017 because of charge rate increases and an 8.0 percent increase in outpatient registrations. Outpatient revenues increased by 5.5 percent during 2016 due to a 4.9 percent increase in outpatient registrations. The change in physician services revenue is primarily due to changes in the number of physicians working for Labette Health.

Labette Health has agreements with various third-party payors that provide for payments to it at amounts different from its established charge rates. These differences are referred to as contractual adjustments. These adjustments are affected by the mix of revenues as well as by increases in Labette Health's charge rates relative to changes in rates paid by third-party payors.

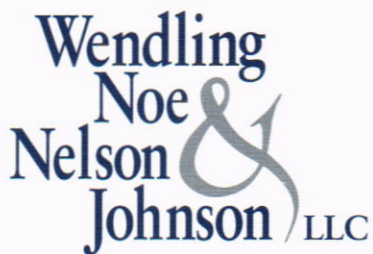
The provision for bad debts and charity care write-offs combined represent 6.3 percent, 5.9 percent, and 5.7 percent of gross patient service revenue during 2017, 2016, and 2015, respectively. These numbers are reflective of the current health care environment in which an increasing number of patients are uninsured or insured by plans requiring higher out-of-pocket expense covered by the insured.

Employee salaries and wages increased by \$2,402,993 or 9.2 percent during 2017 and increased by \$1,216,977 or 4.9 percent during 2016. The number of full-time equivalent employees increased by 41.38 (9.5 percent) during 2017 and increased by 16.61 (3.9 percent) during 2016.

The cost of employee benefits equaled 19.1 percent, 20.1 percent, and 18.7 percent of salaries and wages during 2017, 2016, and 2015, respectively. Variations in employee benefit costs generally correlate with claims experience under Labette Health's self-insured employee health insurance plan.

Supplies and other expenses increased by 9.3 percent during 2017 and decreased by 0.6 percent during 2016. These changes are consistent with the patient volume fluctuations experienced by Labette Health combined with the general rate of health care inflation.

Nonoperating revenues include sales tax revenues received from the County. This subsidy offsets losses incurred by Labette Health in operating the local ambulance service. Labette Health began receiving this subsidy in 2002.



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees
Labette County Medical Center
d/b/a Labette Health

We have audited the accompanying financial statements of the business-type activity and the aggregate discretely presented component units of Labette County Medical Center d/b/a Labette Health, a component unit of Labette County, Kansas, as of and for the years ended December 31, 2017 and 2016, and the related notes to the financial statements, which collectively comprise Labette Health's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the Kansas Municipal Audit and Accounting Guide. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to previously present fairly, in all material respects, the respective financial position of the business-type activity and the aggregate discretely presented component units of Labette County Medical Center d/b/a Labette Health as of December 31, 2017 and 2016, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required supplementary information

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 1 through 4 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context.

We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audits of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Wendling Noe Nelson & Johnson LLC

Topeka, Kansas
June 1, 2018

FINANCIAL STATEMENTS

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
STATEMENTS OF NET POSITION
December 31,

ASSETS AND DEFERRED OUTFLOWS OF RESOURCES

	2017		2016	
	Labette Health	Component units	Labette Health	Component units
CURRENT ASSETS				
Cash and cash equivalents	\$12,331,420	\$ 109	\$11,219,275	\$ 145
Investments		715,591		887,201
Assets limited as to use			1,036,988	
Patient accounts receivable, net of allowance for uncollectible accounts of \$4,069,880 in 2017 and \$3,011,532 in 2016	9,180,288		9,961,036	
Due from Labette Health		2,179		
Other receivables	1,196,560	102,246	807,130	38,878
Estimated third-party payor settlements	430,027		41,192	
Inventories	1,572,768		1,382,647	
Prepaid expenses	264,150		313,389	
Total current assets	24,975,213	820,125	24,761,657	926,224
ASSETS LIMITED AS TO USE				
Internally designated for capital assets	9,983,783		9,193,839	
Under indenture agreement - held by trustee	5,730		3,456,342	
By County for capital assets	948,541		1,062,998	
Under loan agreement		4,251		
By Foundation for capital assets			500,000	
By contributors				
For capital assets			100,000	
For specific operating activities		511,282		570,393
	10,938,054	515,533	14,313,179	570,393
Less amounts required to meet current obligations			1,036,988	
	10,938,054	515,533	13,276,191	570,393
CAPITAL ASSETS, net	29,464,537	6,436,522	30,764,986	2,501,191
OTHER ASSETS				
Advances receivable	565,822		516,247	
Other	30,000	159,465	10,000	144,191
	595,822	159,465	526,247	144,191
Total assets	65,973,626	7,931,645	69,329,081	4,141,999
DEFERRED OUTFLOWS OF RESOURCES				
Deferred outflows on advance refunding	408,562		147,570	
Total deferred outflows of resources	408,562	-	147,570	-
Total assets and deferred outflows of resources	\$66,382,188	\$ 7,931,645	\$69,476,651	\$ 4,141,999

The accompanying notes are an integral part of these statements.

LIABILITIES AND NET POSITION

	2017		2016	
	Labette Health	Component units	Labette Health	Component units
CURRENT LIABILITIES				
Current maturities of long-term obligations	\$ 1,267,933	\$ 91,209	\$ 1,294,511	\$ -
Construction note payable				1,678,234
Accounts payable	3,318,533	3,387	2,599,992	494
Construction costs payable		5,971		417,847
Due to Labette Health		397,756		426,406
Accrued salaries, wages, and benefits	1,089,407		857,457	
Accrued compensated absences	1,094,475		972,782	
Accrued interest payable	72,992		360,888	4,014
Accrued health insurance claims	316,629		304,683	
Estimated third-party payor settlements	53,327		53,327	
Other current liabilities	332,621		101,597	
Total current liabilities	7,545,917	498,323	6,545,237	2,526,995
LONG-TERM OBLIGATIONS, less current maturities	23,522,343	5,894,053	28,629,986	
Total liabilities	31,068,260	6,392,376	35,175,223	2,526,995
NET POSITION				
Net investment in capital assets	5,088,553	123,320	2,956,394	463,068
Restricted				
For debt service		4,251	1,488,007	
Expendable for capital acquisitions	948,541		1,662,998	
Expendable for specific operating activities		544,690		570,393
Unrestricted	29,276,834	867,008	28,194,029	581,543
Total net position	35,313,928	1,539,269	34,301,428	1,615,004
TOTAL LIABILITIES AND NET POSITION	\$66,382,188	\$ 7,931,645	\$69,476,651	\$ 4,141,999

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
Year ended December 31,

	2017		2016	
	<u>Labette Health</u>	<u>Component units</u>	<u>Labette Health</u>	<u>Component units</u>
Operating revenues				
Net patient service revenue	\$60,023,367	\$ -	\$59,530,103	\$ -
Other	<u>6,523,373</u>	<u>1,149,847</u>	<u>4,134,423</u>	<u>710,962</u>
Total operating revenues	<u>66,546,740</u>	<u>1,149,847</u>	<u>63,664,526</u>	<u>710,962</u>
Operating expenses				
Salaries and wages	28,658,039		26,255,046	
Employee benefits	5,481,143		5,269,531	
Supplies and other	27,015,140	1,053,091	24,705,925	610,235
Depreciation and amortization	<u>4,669,775</u>	<u>206,793</u>	<u>4,644,774</u>	<u>23,266</u>
Total operating expenses	<u>65,824,097</u>	<u>1,259,884</u>	<u>60,875,276</u>	<u>633,501</u>
Operating income (loss)	<u>722,643</u>	<u>(110,037)</u>	<u>2,789,250</u>	<u>77,461</u>
Nonoperating revenues (expenses)				
Ambulance subsidy	273,605		185,977	
Investment income	54,049	116,381	70,221	93,607
Interest expense	(1,236,215)	(97,353)	(1,813,925)	
Noncapital grant and contributions	154,371		27,553	
Other	<u>(8,796)</u>	<u>15,274</u>	<u>12,537</u>	<u>6,270</u>
Total nonoperating revenues (expenses)	<u>(762,986)</u>	<u>34,302</u>	<u>(1,517,637)</u>	<u>99,877</u>
Excess of revenues over (under) expenses before grants, contributions, and sales tax revenue restricted for capital purposes	(40,343)	(75,735)	1,271,613	177,338
Capital grants and contributions	670,540		502,739	
Sales tax revenue restricted for capital purchases	<u>382,303</u>		<u>473,685</u>	
Change in net position	1,012,500	(75,735)	2,248,037	177,338
Net position at beginning of year	<u>34,301,428</u>	<u>1,615,004</u>	<u>32,053,391</u>	<u>1,437,666</u>
Net position end of year	<u>\$35,313,928</u>	<u>\$ 1,539,269</u>	<u>\$34,301,428</u>	<u>\$ 1,615,004</u>

The accompanying notes are an integral part of these statements.

LABETTE COUNTY MEDICAL CENTER

D/B/A LABETTE HEALTH

STATEMENTS OF CASH FLOWS

Year ended December 31,

	2017		2016	
	Labette Health	Component units	Labette Health	Component units
Cash flows from operating activities				
Receipts from and on behalf of patients	\$60,415,280	\$ -	\$58,446,475	\$ -
Payments to or on behalf of employees	(33,793,593)		(31,101,832)	
Payments for supplies and services	(26,661,962)	(1,048,980)	(25,354,733)	(934,498)
Other receipts and payments	6,121,477	1,141,683	4,530,488	659,161
Net cash provided (used) by operating activities	6,081,202	92,703	6,520,398	(275,337)
Cash flows from noncapital financing activities				
Ambulance subsidy	276,546		187,676	
Noncapital grants and contributions	389,552		54,157	
Net cash provided by noncapital financing activities	666,098	-	241,833	-
Cash flows from capital and related financing activities				
Acquisition of capital assets	(3,203,216)	(4,509,080)	(3,198,718)	(1,695,196)
Proceeds from issuance of construction note payable		4,321,766		1,678,234
Repayments of construction note payable		(6,000,000)		
Capital lease obligations incurred			175,777	
Issuance of long-term obligations	15,000,000	6,000,000	9,021,000	
Repayments of long-term obligations	(1,292,220)	(14,738)	(1,690,023)	
Payment to extinguish debt	(19,573,216)		(8,840,351)	
Payment of bond issuance costs	(240,000)		(180,649)	
Interest paid	(813,888)	(176,155)	(1,679,517)	(5,662)
Capital grants and contributions	675,908		847,136	
Proceeds from sale of capital assets			12,650	
Sales tax revenue restricted for capital purchases	382,303		473,685	
Net cash used by capital and related financing activities	(9,064,329)	(378,207)	(5,059,010)	(22,624)
Cash flows from investing activities				
Changes in				
Assets held by trustee	3,450,612		(3,655)	
Assets restricted by contributors		(77,368)		118,093
Investments		207,884		284,719
Investment income received	49,457	80,107	62,902	93,315
Net cash provided by investing activities	3,500,069	210,623	59,247	496,127
Net change in cash and cash equivalents	1,183,040	(74,881)	1,762,468	198,166
Cash and cash equivalents at beginning of year	22,065,463	438,098	20,302,995	239,932
Cash and cash equivalents at end of year	\$23,248,503	\$ 363,217	\$22,065,463	\$ 438,098

The accompanying notes are an integral part of these statements.

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
STATEMENTS OF CASH FLOWS - CONTINUED
Year ended December 31,

	2017		2016	
	Labette Health	Component units	Labette Health	Component units
Reconciliation of cash and cash equivalents				
Cash and cash equivalents	\$12,331,420	\$ 109	\$11,219,275	\$ 145
Cash included in assets limited as to use				
Internally designated for capital assets	9,968,542		9,183,190	
By County for capital assets	948,541		1,062,998	
Under loan agreement		4,251		
By Foundation for capital assets			500,000	
By contributors				
For capital assets			100,000	
For specific operating activities		358,857		437,953
Total cash and cash equivalents	<u>\$23,248,503</u>	<u>\$ 363,217</u>	<u>\$22,065,463</u>	<u>\$ 438,098</u>
Reconciliation of operating income (loss) to net cash provided by operating activities				
Operating income (loss)	\$ 722,643	\$ (110,037)	\$ 2,789,250	\$ 77,461
Adjustments to reconcile operating income (loss) to net cash provided (used) by operating activities				
Depreciation and amortization	4,669,775	206,793	4,644,774	23,266
Provision for bad debts	9,653,476		8,258,806	
Changes in				
Patient accounts receivable	(8,872,728)		(9,011,447)	
Other receivables	(401,896)	(2,179)	396,065	
Pledges receivable		(5,985)		(51,801)
Advances receivable	(49,575)		(108,693)	
Estimated third-party payor settlements	(388,835)		(330,987)	
Inventories	(190,121)		(16,306)	
Prepaid expenses	49,239		295,976	
Accounts payable and accrued expenses	889,224	4,111	(397,040)	(324,263)
Net cash provided (used) by operating activities	<u>\$ 6,081,202</u>	<u>\$ 92,703</u>	<u>\$ 6,520,398</u>	<u>\$ (275,337)</u>

The accompanying notes are an integral part of these statements.

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES

1. Reporting entity

Labette County Medical Center d/b/a Labette Health is owned by Labette County, Kansas (the County), and governed by a nine-member Board of Trustees appointed by the Board of County Commissioners of the County. Labette Health is a 99-bed, not-for-profit general hospital located in Parsons, Kansas. Labette Health can sue and be sued and can buy, sell, or lease real property. Bond issuances must be approved by the County. Labette Health is a component unit of the County.

The component units discussed in Note A2 are included in Labette Health's reporting entity because of the nature and significance of their relationships with Labette Health.

2. Component units

The financial statements include the financial data of the aggregate discretely presented component units described below. The component units are reported separately to emphasize that they are legally separate from Labette Health.

Labette Health Foundation, Inc. (the Foundation), is a not-for-profit corporation formed to receive, invest, and disburse funds received for the benefit, support, and maintenance of Labette Health. The Foundation is administered by a Board of Trustees, of which four members are appointed by Labette Health's Board of Trustees.

Labette Health Regional Partnerships, Inc. (LHRP), is a not-for-profit corporation formed to establish, maintain, operate, and support both within Labette County, Kansas, and in the surrounding region, facilities and services providing health care, or health and wellness support, for sick, injured, disabled, or aged persons. LHRP is administered by a five-member Board of Directors of which three members are appointed by Labette Health's Board of Trustees.

Southeast Kansas Regional Health, Inc., (SEKRH), is a not-for-profit corporation formed to establish, maintain, operate, and support both within Montgomery County, Neosho County, and Labette County, Kansas and in the surrounding region, facilities and services providing health care, or health and wellness support, for sick, injured, disabled, or aged persons. SEKRH is administered by a ten-member Board of Directors of which five members are appointed by Labette Health's Board of Trustees.

3. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

4. Basis of accounting

Labette Health and its component units use enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

5. Cash and cash equivalents

Labette Health and its component units consider all cash and invested cash to be cash equivalents, excluding any assets limited as to use under bond indenture agreements held by a trustee and items classified as investments by the Foundation. This represents an accounting policy change since previously none of the assets limited as to use were considered to be cash equivalents. Comparative financial statements of prior years have been restated to reflect this change. This restatement had no effect on previously reported net position or the change in net position of Labette Health.

6. Allowance for uncollectible accounts

Labette Health provides for accounts receivable that could become uncollectible in the future by establishing an allowance to reduce the carrying value of such receivables to their estimated net realizable value. Labette Health estimates this allowance based on the aging of its accounts receivable and its historical collection experience for each type of payor.

7. Inventories

Inventories are stated at the lower of cost or market with cost determined on the average cost method.

8. Investments and investment income

Investments in debt and equity securities are reported at fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenues when earned.

9. Assets limited as to use

Assets limited as to use include assets set aside by the Board of Trustees for replacement of capital assets or for purchase of additional capital assets, over which the Board retains control and may, at its discretion, subsequently use for other purposes; assets held by a trustee under bond indenture agreements; assets restricted by the County for capital asset acquisitions; assets restricted as to use by loan agreements; and assets restricted by contributors for a particular purpose. Amounts that are required for obligations classified as current liabilities are reported in current assets.

10. Capital assets

Capital assets (including assets recorded as capital leases) are stated at cost. Depreciation and amortization of capital assets are provided on the straight-line method over the estimated useful lives of the assets which are substantially in conformity with the guidelines established by the American Hospital Association.

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
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NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals, and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. Gains and losses on disposition of capital assets are included in nonoperating revenues and expenses.

11. Costs of borrowing

Interest costs (including amortization of original issue premiums and discounts, and of deferred outflows on advanced refunding) incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. Original issue premiums and discounts and deferred outflows on advance refunding associated with issuance of long-term debt are amortized using the interest method over the term of the related debt. Other costs incurred to issue long-term debt are expensed in the period incurred.

12. Grants and contributions

From time to time, Labette Health and its component units receive grants and contributions from individuals and private organizations. Revenues from grants and contributions, including contributions of capital assets, are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

13. Restricted resources

When Labette Health and its component units have both restricted and unrestricted resources available to finance a particular program, their policy is to use restricted resources before unrestricted resources.

14. Accrued health insurance claims

Labette Health is self-insured for health insurance claims of its employees. Management estimates the net liability for reported and unreported claims incurred as of the end of each reporting period. These estimates are based on known claims and historical claims experience.

Management believes that estimates for accrued health insurance claims are reasonable. However, it is possible that actual incurred claims expense may vary significantly from the estimate included in the accompanying financial statements.

15. Deferred outflows of resources

Deferred outflows of resources represent a consumption of net position that applies to a future period and so will not be recognized as an expense or expenditure until then.

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

16. Net position

Net position of Labette Health and its component units is classified in three components. "Net investment in capital assets" consists of capital assets net of accumulated depreciation reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. "Restricted expendable net position" is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to Labette Health and its component units, including amounts deposited with trustees as required by indenture agreements. "Unrestricted net position" is remaining net position that does not meet the definitions of the other two components of net position.

17. Operating revenues and expenses

Labette Health's statement of revenues, expenses, and changes in net position and those of its component units, distinguish between operating and nonoperating revenues and expenses and those of its component units. Operating revenues result from exchange transactions associated with providing health care services, which is Labette Health's principal activity. Nonexchange revenues, including noncapital grants and contributions and the noncapital ambulance subsidy, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

18. Net patient service revenue

Net patient service revenue is reported at established charges with deductions for discounts, charity care, contractual adjustments, and provision for bad debts, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

19. Charity care

Labette Health provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Labette Health does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

20. Income taxes

Labette Health is exempt from federal income taxes pursuant to Sections 115 and 501(a) of the Internal Revenue Code.

The Foundation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its related income pursuant to Section 501(a) of the Code.

LHRP is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its related income pursuant to Section 501(a) of the Code.

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

SEKRH is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its related income pursuant to Section 501(a) of the Code.

21. Subsequent events

Labette Health and its component units have evaluated subsequent events through June 1, 2018, which is the date the financial statements were available to be issued.

22. Reclassifications

Certain reclassifications have been made to the 2016 financial statements to conform to the 2017 presentation.

NOTE B - NET PATIENT SERVICE REVENUE

Labette Health has agreements with third-party payors that provide for payments to it at amounts different from its established charge rates. The amounts reported on the statements of net position as estimated third-party payor settlements consist of the estimated differences between the contractual amounts for providing covered services and the interim payments received for those services. A summary of the payment arrangements with major third-party payors follows:

Medicare - Inpatient acute and rehabilitation care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services are paid at prospectively determined rates per occasion of service. Physician services, other than rural health clinic (RHC) services, rendered to Medicare program beneficiaries are paid based on a prospectively determined fee schedule. The prospectively determined rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. RHC physician services are paid based on cost reimbursement methodologies. Labette Health is paid for cost reimbursable and other items at tentative rates with final settlement determined after submission of annual cost reports by Labette Health and audits or reviews thereof by the Medicare administrative contractor. Labette Health's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. Labette Health's Medicare cost reports have been audited or reviewed by the Medicare administrative contractor through December 31, 2014.

Labette Health is qualified under the Medicare program to receive special low-volume add-on payments for inpatient services. These payments totaled approximately \$810,000 and \$750,000 during the years ended December 31, 2017 and 2016, respectively.

LABETTE COUNTY MEDICAL CENTER
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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE B - NET PATIENT SERVICE REVENUE - Continued

Labette Health is classified as a sole community hospital (SCH) under the Medicare program. As a result, its inpatient operating diagnosis related group (DRG) payments are based on its hospital-specific operating DRG rate which is substantially higher than the federal operating DRG rate upon which those payments would be based if the Hospital did not have SCH status. The benefit of SCH status was approximately \$1,650,000 and \$1,480,000 during the years ended 2017 and 2016, respectively.

Medicaid - Inpatient acute and rehabilitation care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. All other services rendered to Medicaid beneficiaries are paid at prospective rates determined on a fee-for-service basis.

The Kansas Medicaid program provides additional payments to qualifying providers under a reimbursement formula that incorporates uncompensated care costs, Kansas Medicaid utilization, public support of the provider, and other factors. Labette Health qualified for these disproportionate share payments during both 2017 and 2016.

Blue Cross and Blue Shield - All services rendered to patients who are insured by Blue Cross and Blue Shield are paid on the basis of prospectively determined rates per discharge or discounts from established charges.

Labette Health has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to Labette Health under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

A summary of gross and net patient service revenue follows:

	<u>2017</u>	<u>2016</u>
Gross patient service revenue	\$ 182,443,629	\$ 167,560,537
Contractual adjustments	(110,957,805)	(98,115,924)
Provision for bad debts	(9,653,476)	(8,258,806)
Charity care	<u>(1,808,981)</u>	<u>(1,655,704)</u>
Net patient service revenue	<u>\$ 60,023,367</u>	<u>\$ 59,530,103</u>

Revenue from the Medicare and Medicaid programs accounted for approximately 36 percent and 6 percent, respectively, of Labette Health's net patient service revenue during 2017, and 34 percent and 5 percent, respectively, of Labette Health's net patient service revenue during 2016. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE C - DEPOSITS WITH FINANCIAL INSTITUTIONS

Kansas statutes authorize Labette Health with certain restrictions, to deposit or invest in open accounts, time deposits, certificates of deposit, repurchase agreements, U.S. Treasury bills and notes, and the State Treasurer's investment pool. Kansas statutes also require that collateral be pledged for bank deposits with a fair value equal to 100 percent of the uninsured amounts and must be assigned for the benefit of Labette Health.

At December 31, 2017, the carrying amount of Labette Health's bank deposits, including certificates of deposit, was \$23,248,102 and the bank balances were \$23,546,197. Of the bank balances, \$1,608,089 were covered by federal depository insurance and \$21,938,108 were covered by collateral held by third-party banks, but not registered in Labette Health's name.

NOTE D - ASSETS LIMITED AS TO USE

The composition of Labette Health's assets limited as to use is as follows:

	<u>2017</u>	<u>2016</u>
Internally designated for capital assets		
Cash	\$ 194,816	\$ 194,117
Certificates of deposit	9,773,726	8,989,073
Accrued interest receivable	<u>15,241</u>	<u>10,649</u>
	<u>\$ 9,983,783</u>	<u>\$ 9,193,839</u>
Under indenture agreement - held by trustee		
Cash and money market funds	\$ 5,730	\$ 777,037
Certificates of deposit		426,000
Corporate bonds		1,507,536
U.S. government agency bonds		<u>745,769</u>
	<u>\$ 5,730</u>	<u>\$ 3,456,342</u>
By County for capital assets		
Cash	<u>\$ 948,541</u>	<u>\$ 1,062,998</u>
By Foundation for capital assets		
Cash	<u>\$ -</u>	<u>\$ 500,000</u>
By contributors for capital assets		
Cash	<u>\$ -</u>	<u>\$ 100,000</u>

LABETTE COUNTY MEDICAL CENTER
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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE D - ASSETS LIMITED AS TO USE - Continued

The composition of the component units' assets limited as to use is as follows:

	<u>2017</u>	<u>2016</u>
Under loan agreement		
Cash	\$ 4,251	\$ -
By contributors for specific operating activities		
Cash	\$ 71,999	\$ 152,239
Certificates of deposit	286,858	285,714
Equity mutual funds	96,279	18,911
Pledges receivable	56,146	113,529
	<u>\$ 511,282</u>	<u>\$ 570,393</u>

NOTE E - INVESTMENTS

The component units' investments are stated at fair value. The composition of their investments is as follows:

	<u>2017</u>	<u>2016</u>
Money market funds	\$ 15,682	\$ 12,948
Common stocks	120,630	117,829
Equity mutual funds	282,169	430,868
Fixed income mutual funds	297,110	325,556
	<u>\$ 715,591</u>	<u>\$ 887,201</u>

NOTE F - FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is determined according to a hierarchy that gives highest priority to use of observable inputs and lowest priority to use of unobservable inputs. These inputs are described as follows:

Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable, supported by little or no market activity, and are significant to the fair value measurement.

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE F - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Mutual funds and common stocks are valued at unadjusted quoted prices for identical securities in active markets.

U.S. Government agency obligations and corporate bonds are valued at prices provided by independent pricing services.

The following table sets forth, by level, Labette Health's assets measured at fair value on a recurring basis:

	December 31, 2016			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate bonds	\$ -	\$1,507,536	\$ -	\$1,507,536
U.S. Government agency obligations		745,769		745,769
	<u>\$ -</u>	<u>\$2,253,305</u>	<u>\$ -</u>	<u>\$2,253,305</u>

The following tables set forth, by level, the component units' assets measured at fair value on a recurring basis:

	December 31, 2017			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stock	\$ 120,630	\$ -	\$ -	\$ 120,630
Mutual funds	675,558			675,558
	<u>\$ 796,188</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 796,188</u>

	December 31, 2016			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stock	\$ 117,829	\$ -	\$ -	\$ 117,829
Mutual funds	775,335			775,335
	<u>\$ 893,164</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 893,164</u>

LABETTE COUNTY MEDICAL CENTER
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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE G - CAPITAL ASSETS

Capital asset additions, retirements, and balances for Labette Health are as follows:

	2017			
	<u>Beginning balance</u>	<u>Additions</u>	<u>Transfers and retirements</u>	<u>Ending balance</u>
Land	\$ 849,026	\$ -	\$ -	\$ 849,026
Buildings	55,876,787	13,684		55,890,471
Fixed equipment	9,636,834	115,096	13,100	9,765,030
Major movable equipment	20,775,694	765,375	430,101	21,971,170
Totals at historical cost	87,138,341	894,155	443,201	88,475,697
Less accumulated depreciation and amortization				
Buildings	33,464,236	2,494,552		35,958,788
Fixed equipment	7,691,752	327,608		8,019,360
Major movable equipment	15,368,646	1,847,615	(2,027,181)	15,189,080
	56,524,634	4,669,775	(2,027,181)	59,167,228
	30,613,707	(3,775,620)	2,470,382	29,308,469
Construction in progress	151,279	2,483,967	(2,479,178)	156,068
Capital assets, net	<u>\$ 30,764,986</u>	<u>\$ (1,291,653)</u>	<u>\$ (8,796)</u>	<u>\$ 29,464,537</u>
	2016			
	<u>Beginning balance</u>	<u>Additions</u>	<u>Transfers and retirements</u>	<u>Ending balance</u>
Land	\$ 849,026	\$ -	\$ -	\$ 849,026
Buildings	55,584,962	3,969	287,856	55,876,787
Fixed equipment	9,585,959	54,375	(3,500)	9,636,834
Major movable equipment	20,344,633	2,677,599	(2,246,538)	20,775,694
Totals at historical cost	86,364,580	2,735,943	(1,962,182)	87,138,341
Less accumulated depreciation and amortization				
Buildings	30,805,049	2,659,187		33,464,236
Fixed equipment	7,378,901	316,351	(3,500)	7,691,752
Major movable equipment	16,078,860	1,669,236	(2,379,450)	15,368,646
	54,262,810	4,644,774	(2,382,950)	56,524,634
	32,101,770	(1,908,831)	420,768	30,613,707
Construction in progress	105,530	466,630	(420,881)	151,279
Capital assets, net	<u>\$ 32,207,300</u>	<u>\$ (1,442,201)</u>	<u>\$ (113)</u>	<u>\$ 30,764,986</u>

LABETTE COUNTY MEDICAL CENTER
D/B/A LABETTE HEALTH
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE G - CAPITAL ASSETS - Continued

Construction in progress for Labette Health at December 31, 2017, consists primarily of costs incurred to date for various renovations to Labette Health's facilities and equipment purchased but not yet placed in service.

At December 31, 2017, Labette Health's outstanding commitments for capital assets were approximately \$1,104,000.

Capital asset additions, retirements, and balances for the component units are as follows:

	2017			
	<u>Beginning balance</u>	<u>Additions</u>	<u>Transfers and retirements</u>	<u>Ending balance</u>
Land	\$ 19,099	\$ -	\$ 333,733	\$ 352,832
Land improvements			985,822	985,822
Buildings	391,099		3,938,312	4,329,411
Fixed equipment		12,800	1,032,460	1,045,260
Major movable equipment	<u>1,375</u>	<u></u>	<u>(1,375)</u>	<u></u>
Totals at historical cost	<u>411,573</u>	<u>12,800</u>	<u>6,288,952</u>	<u>6,713,325</u>
Less accumulated depreciation and amortization				
Land improvements		30,718		30,718
Buildings	70,010	142,833		212,843
Fixed equipment		33,242		33,242
Major movable equipment	<u>1,375</u>	<u></u>	<u>(1,375)</u>	<u></u>
	<u>71,385</u>	<u>206,793</u>	<u>(1,375)</u>	<u>276,803</u>
	340,188	(193,993)	6,290,327	6,436,522
Construction in progress	<u>2,161,003</u>	<u>4,129,324</u>	<u>(6,290,327)</u>	<u></u>
Capital assets, net	<u>\$ 2,501,191</u>	<u>\$ 3,935,331</u>	<u>\$ -</u>	<u>\$ 6,436,522</u>

LABETTE COUNTY MEDICAL CENTER
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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE G - CAPITAL ASSETS - Continued

	2016			
	<u>Beginning balance</u>	<u>Additions</u>	<u>Transfers and retirements</u>	<u>Ending balance</u>
Land	\$ 19,099	\$ -	\$ -	\$ 19,099
Buildings	391,099			391,099
Major movable equipment	1,375			1,375
Totals at historical cost	<u>411,573</u>	<u>-</u>	<u>-</u>	<u>411,573</u>
Less accumulated depreciation and amortization				
Buildings	46,744	23,266		70,010
Major movable equipment	1,375			1,375
	<u>48,119</u>	<u>23,266</u>	<u>-</u>	<u>71,385</u>
	363,454	(23,266)	-	340,188
Construction in progress		2,161,003		2,161,003
Capital assets, net	<u>\$ 363,454</u>	<u>\$ 2,137,737</u>	<u>\$ -</u>	<u>\$ 2,501,191</u>

NOTE H - ADVANCES RECEIVABLE

Labette Health has determined that recruitment of physicians to serve the residents of Labette County is in the best interest of Labette Health, its patients, and the community, and will enable Labette Health to enhance its ability to meet the health care needs of the community's residents. To accomplish this, Labette Health has entered into agreements with certain physicians to provide them with financial assistance as an inducement for them to establish medical practices in Labette Health's service area. In return, the physicians agree to provide professional services for the residents of Parsons and Labette County over periods varying from three to six years. The financial assistance is rendered either in the form of interest-bearing loans from Labette Health to the physicians or in the form of contractual liquidated damages clauses which require liquidated damages to be paid to Labette Health if the service obligation is not met. Upon establishment of their practices, principal or liquidated damages and the accumulated interest on loans are forgiven ratably over the required service periods. If the physicians do not establish a medical practice, or if they leave the community prior to completion of the service obligation, they will be required to repay any unpaid or unforgiven principal and accumulated interest on the loans, or liquidated damages, as applicable.

Labette Health's future exposure to credit loss on these agreements is dependent upon the performance of the physicians under these agreements. Outstanding commitments for future advances were approximately \$180,000 at December 31, 2017.

LABETTE COUNTY MEDICAL CENTER

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NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2017 and 2016

NOTE I - HEALTH INSURANCE CLAIMS

Labette Health sponsors a self-insured employee health insurance plan. Labette Health has reinsured a portion of its risk for health insurance claims of its employees. The reinsurance arrangement generally covers claims totaling over \$75,000 for each covered individual on an annual basis. The reinsurance arrangement also covers aggregate annual claims of the plan in excess of an amount determined in relation to the number of individuals participating in the plan during the year. Covered employees also provide part of the funds to pay claims through monthly contributions at predetermined rates. Labette Health has retained an agent to process and settle claims.

The following is a summary of the activity under this arrangement:

	<u>2017</u>	<u>2016</u>
Estimated net health insurance claims payable at beginning of year	\$ 304,683	\$ 268,248
Provision for employer's share of incurred claims and related expenses for the year, net of any reinsurance proceeds	2,615,376	2,638,092
Participant contributions	1,006,980	939,264
Payments made for claims and related expenses	<u>(3,610,410)</u>	<u>(3,540,921)</u>
Estimated net health insurance claims payable at end of year	<u>\$ 316,629</u>	<u>\$ 304,683</u>

NOTE J - LONG-TERM OBLIGATIONS

Long-term obligations of Labette Health are summarized as follows:

	<u>2017</u>	<u>2016</u>
5.00% - 5.75% Labette County, Kansas Hospital Refunding and Improvement Revenue Bonds, Series A, 2007; issued on July 19, 2007, in the original amount of \$24,765,000; including unamortized premium of \$282,001 in 2016	\$ -	\$ 16,642,001
7.00% Labette County, Kansas Taxable Hospital Refunding and Improvement Revenue Bonds, Series B, 2007; issued on July 19, 2007, in the original amount of \$6,435,000		2,200,000

LABETTE COUNTY MEDICAL CENTER
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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE J - LONG-TERM OBLIGATIONS - Continued

	<u>2017</u>	<u>2016</u>
3.55% Labette County, Kansas Hospital Refunding Revenue Bonds, Series 2016; issued on December 29, 2016, in the original amount of \$9,021,000; due serially through September 1, 2036, with principal payments beginning on February 1, 2017	\$ 8,877,000	\$ 9,021,000
3.80% Labette County, Kansas Hospital Refunding Revenue Bonds, Series 2017; issued on January 26, 2017, in the original amount of \$15,000,000; due serially through September 1, 2036, with principal payments beginning on March 1, 2017	14,757,000	
Capital lease obligations; imputed interest rates from 2.23% to 6.45%; collateralized by leased equipment with an amortized cost of \$1,883,921 at December 31, 2017	1,156,276	2,061,496
	24,790,276	29,924,497
Less current maturities	<u>1,267,933</u>	<u>1,294,511</u>
Long-term obligations, less current maturities	<u>\$ 23,522,343</u>	<u>\$ 28,629,986</u>

The following is a summary of changes in long-term obligations for Labette Health:

	<u>Capital lease obligations</u>	<u>Hospital revenue bonds</u>	<u>Total long-term obligations</u>
Outstanding at January 1, 2016	\$ 2,935,742	\$28,045,244	\$30,980,986
Obligations incurred	175,777	9,021,000	9,196,777
Principal payments	(1,050,023)	(640,000)	(1,690,023)
Debt extinguished		(8,532,759)	(8,532,759)
Amortization of bond premium		(30,484)	(30,484)
Outstanding at December 31, 2016	2,061,496	27,863,001	29,924,497
Obligations incurred		15,000,000	15,000,000
Principal payments	(905,220)	(387,000)	(1,292,220)
Debt extinguished		(18,840,504)	(18,840,504)
Amortization of bond premium		(1,497)	(1,497)
Outstanding at December 31, 2017	<u>\$ 1,156,276</u>	<u>\$23,634,000</u>	<u>\$24,790,276</u>

On July 19, 2007, the County issued \$24,765,000 in Hospital Refunding and Improvement Revenue Bonds, Series A, 2007, and \$6,435,000 in Taxable Hospital Refunding and Improvement Revenue Bonds, Series B, 2007 (the 2007 bonds), for the benefit of Labette Health pursuant to a Bond Trust Indenture dated June 1, 2007. The proceeds of the 2007 bonds were used, together with other available

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December 31, 2017 and 2016

NOTE J - LONG-TERM OBLIGATIONS - Continued

funds of Labette Health, for the purpose of providing funds to (1) pay for renovations and additions to Labette Health's facilities, (2) refund the Hospital Refunding Revenue Bonds, Series A, 1996, and Series A, 2001, previously issued for the benefit of Labette Health, (3) refinance an outstanding bank loan, (4) fund a debt service reserve fund for the 2007 bonds, and (5) pay for certain costs related to issuance of the 2007 bonds.

On December 29, 2016, the County issued \$9,021,000 in Hospital Refunding Revenue Bonds, Series 2016 (the 2016 bonds), for the benefit of Labette Health pursuant to a First Supplemental Bond Trust Indenture dated December 1, 2016. The proceeds of the 2016 bonds were used, together with other available funds of Labette Health, for the purpose of providing funds to (1) advance refund \$8,405,000 of the Series A, 2007 bonds, and (2) pay certain costs related to the issuance of the 2016 bonds.

The refunding transaction decreased the total amount of future debt service requirements by \$2,390,053. This resulted in an economic gain of \$1,155,571. As a result of the refunding transaction, a deferred refunding loss of \$147,641 was recognized for the difference between the book value of the refunded debt and the amount required to extinguish the debt. This deferred loss is reported as a deferred outflow of resources on the statement of net position.

On January 26, 2017, the County issued \$15,000,000 in Hospital Refunding Revenue Bonds, Series 2017 (the 2017 bonds), for the benefit of Labette Health pursuant to a Second Supplemental Bond Trust Indenture dated January 1, 2017. The proceeds of the 2017 bonds were used, together with other available funds of Labette Health, for the purpose of providing funds to (1) advance refund \$16,360,000 of the Series A, 2007 bonds, and \$2,200,000 of the Series B, 2007 bonds, and (2) pay certain costs related to the issuance of the 2017 bonds.

The refunding transaction decreased the total amount of future debt service requirements by \$6,550,068. This resulted in an economic gain of \$3,574,540. As a result of the refunding transaction, a deferred refunding loss of \$297,687 was recognized for the difference between the book value of the refunded debt and the amount required to extinguish the debt. This deferred loss is reported as a deferred outflow of resources on the statement of net position.

The indenture agreements for the 2016 and 2017 bonds require Labette Health to transfer to a trustee, on a monthly basis, specified amounts which, when combined with interest earned on the respective funds held by the trustee, will provide sufficient funds to pay principal and interest for the bonds on the appropriate due dates.

Such amounts were maintained and are included with assets limited as to use in the financial statements. The obligations of Labette Health under the indenture agreement are secured by a pledge of its unrestricted revenues, subject to the right of Labette Health to dispose of or encumber property as defined and permitted in the indenture agreement. The indenture agreement also includes certain restrictive covenants relating to the disposition of property, incurrence of additional indebtedness, the level of days cash on hand, and the level of fees and rates charged. The covenant in the indenture

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE J - LONG-TERM OBLIGATIONS - Continued

agreement regarding the level of days cash on hand requires that those levels equal or exceed 75 days. The covenant in the indenture agreement regarding the level of fees and rates charged requires that fees and rates for services be set at levels sufficient for Labette Health to produce income available for debt service in each fiscal year equal to 125 percent of the debt service requirements during that fiscal year for outstanding debt. That ratio value was 279 percent and 229 percent for the years ended December 31, 2017 and 2016, respectively.

Scheduled annual debt service requirements for Labette Health on long-term debt are as follows:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2018	\$ 475,000	\$ 867,821	\$ 1,342,821
2019	618,000	849,505	1,467,505
2020	1,008,000	818,314	1,826,314
2021	1,035,000	780,573	1,815,573
2022	1,076,000	741,554	1,817,554
2023 - 2027	5,967,000	3,071,485	9,038,485
2028 - 2032	7,152,000	1,862,431	9,014,431
2033 - 2036	6,303,000	458,028	6,761,028
	<u>\$23,634,000</u>	<u>\$ 9,449,711</u>	<u>\$ 33,083,711</u>

The following is a yearly schedule of future minimum lease payments under capital leases as of December 31, 2017, for Labette Health:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2018	\$ 792,933	\$ 20,726	\$ 813,659
2019	322,267	5,345	327,612
2020	37,237	647	37,884
2021	3,839	13	3,852
Total minimum lease payments	<u>\$ 1,156,276</u>	<u>\$ 26,731</u>	<u>\$ 1,183,007</u>

Total interest costs of Labette Health are summarized as follows:

	<u>2017</u>	<u>2016</u>
Total interest incurred	\$ 961,017	\$ 1,663,689
Amortization of bond premium	(1,497)	(30,484)
Amortization of deferred outflows on advance refunding	36,695	71
Payment of bond issuance costs	<u>240,000</u>	<u>180,649</u>
Interest expense	<u>\$ 1,236,215</u>	<u>\$ 1,813,925</u>

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE J - LONG-TERM OBLIGATIONS - Continued

Long-term obligations of the component units are summarized as follows:

	<u>2017</u>	<u>2016</u>
2.38% USDA Community Facilities loan, in the original amount of \$5,600,000; payable in monthly installments of \$19,656, including interest through October 25, 2052	\$ 5,585,889	\$ -
3.25% USDA Community Facilities loan, in the original amount of \$400,000; payable in monthly installments of \$1,596, including interest through October 25, 2052	399,373	-
	5,985,262	-
Less current maturities	91,209	-
	<u>\$ 5,894,053</u>	<u>\$ -</u>

The following is a summary of changes in long-term debt for the component units:

Outstanding at December 31, 2016	\$ -
Obligations incurred	6,000,000
Principal payments	<u>(14,738)</u>
Outstanding at December 31, 2017	<u>\$ 5,985,262</u>

Scheduled annual debt service requirements on long-term debt for the component units, are as follows:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2018	\$ 91,209	\$ 163,815	\$ 255,024
2019	95,974	159,050	255,024
2020	100,740	154,284	255,024
2021	105,505	149,519	255,024
2022	110,271	144,753	255,024
2023 - 2027	622,837	652,283	1,275,120
2028 - 2032	741,976	533,144	1,275,120
2033 - 2037	861,114	414,006	1,275,120
2038 - 2042	980,253	294,867	1,275,120
2043 - 2047	1,099,391	175,729	1,275,120
2048 - 2052	1,175,992	56,624	1,232,616
	<u>\$ 5,985,262</u>	<u>\$ 2,898,074</u>	<u>\$ 8,883,336</u>

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE J - LONG-TERM OBLIGATIONS - Continued

Total interest costs of the component units are summarized as follows:

	<u>2017</u>	<u>2016</u>
Total interest incurred	\$ 172,141	\$ 9,675
Less capitalized interest costs	<u>(74,788)</u>	<u>(9,675)</u>
Interest expense	<u>\$ 97,353</u>	<u>\$ -</u>

NOTE K - CONSTRUCTION NOTE PAYABLE

The construction note payable consisted of advances on a \$6,000,000 line of credit with a local bank for the construction of a health care facility in Independence, Kansas. The interest rate on the loan was 3.50 percent. The construction note payable was paid off with proceeds of the loans from the United State Department of Agriculture (USDA) dated October 25, 2017.

NOTE L - DEFINED CONTRIBUTION PENSION PLANS

Labette Health sponsors a defined contribution pension plan that provides pension benefits for substantially all of its full-time employees. In a defined contribution plan, benefits depend solely on amounts contributed to the plan plus investment earnings. The plan is administered by a third-party insurance company and can be amended by the Board of Trustees. The provisions of the plan are as follows.

Employees become eligible for employer contributions after completing one year of service. Labette Health contributes a percentage of gross compensation based on the eligible employee's years of service as follows: 2 percent if more than one year but less than 5 years of service; 4 percent if five or more years of service but less than fifteen; and 6 percent if fifteen or more years of service. Labette Health may also make a discretionary matching contribution of participant contributions to the plan. The contribution cannot exceed a percentage of gross compensation based on the eligible employee's years of service as follows: 1 percent if more than five years of service but less than ten years of service, and 2 percent if more than ten years of service.

The employees are not required to make contributions to the plan but may elect to contribute from 1 percent to 20 percent of the participant's compensation subject to maximum limits as defined by the Internal Revenue Service.

Labette Health's contributions for each employee are fully vested after 10 years of continuous service.

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December 31, 2017 and 2016

NOTE L - DEFINED CONTRIBUTION PENSION PLANS - Continued

For the years ended December 31, 2017 and 2016, Labette Health and covered employees made contributions to the plan as follows:

	<u>2017</u>	<u>2016</u>
Employer contributions	\$ 456,000	\$ 456,000
Employee contributions	<u>407,769</u>	<u>430,338</u>
	<u>\$ 863,769</u>	<u>\$ 886,338</u>

Labette Health has entered into deferred compensation agreements with certain employees. These agreements are eligible deferred compensation plans under Section 401(a) or 457(b) of the Internal Revenue Code. The plans can be amended by mutual consent of Labette Health and the plans' participants. All assets of the plans are held by a third-party investment company for the sole benefit of the employee and the employee's designated beneficiary. The plans generally provide for employer contributions based on the employees' years of service. The employees are not required to make contributions to the plans but may elect to contribute a percentage of compensation subject to maximum limits as defined by the Internal Revenue Service. Labette Health's contributions become fully vested after periods defined in each plan. For the years ended December 31, 2017 and 2016, Labette Health and covered employees made contributions to these plans as follows:

	<u>2017</u>	<u>2016</u>
Employer contributions	\$ 311,251	\$ 214,712
Employee contributions	<u>102,404</u>	<u>67,114</u>
	<u>\$ 413,655</u>	<u>\$ 281,826</u>

NOTE M - CONCENTRATION OF CREDIT RISK

Labette Health grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of patient accounts receivable from patients and third-party payors at December 31, 2017 and 2016, is as follows:

	<u>2017</u>	<u>2016</u>
Medicare	31.1%	37.1%
Medicaid	10.5	9.2
Blue Cross	11.3	13.3
Other insurers	20.0	19.3
Patients	<u>27.1</u>	<u>21.1</u>
	<u>100.0%</u>	<u>100.0%</u>

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2017 and 2016

NOTE N - COMPONENT UNITS' CONDENSED FINANCIAL INFORMATION

The following is condensed financial data for the discretely presented component units of Labette Health as of December 31, 2017 and 2016, and for the years then ended. The Foundation is a major component unit due to the considerable financial benefit it provides to Labette Health.

	2017		2016	
	Major component unit	Nonmajor component units	Major component unit	Nonmajor component units
Cash and cash equivalents	\$ -	\$ 109	\$ -	\$ 145
Pledges receivable	102,246		38,878	
Due from Labette Health	2,179			
Investments	715,591		887,201	
Total current assets	820,016	109	926,079	145
Assets limited as to use	515,533		570,393	
Capital assets, net	6,119,599	316,923	2,161,003	340,188
Other assets	159,465		144,191	
Total assets	<u>\$ 7,614,613</u>	<u>\$ 317,032</u>	<u>\$ 3,801,666</u>	<u>\$ 340,333</u>
Current portion of long-term obligations	\$ 91,209	\$ -	\$ -	\$ -
Construction note payable			1,678,234	
Construction costs payable	5,971		417,847	
Accounts payable	3,387		494	
Due to Labette Health	46,008	351,748	44,660	381,746
Accrued interest payable			4,014	
Total liabilities	146,575	351,748	2,145,249	381,746
LONG-TERM OBLIGATIONS, less current maturities	5,894,053	-	-	-
Net position				
Net investment in capital assets	134,337	(11,017)	482,769	(19,701)
Restricted				
For debt service	4,251			
Expendable for specific Labette Health operating activities	544,690		570,393	
Unrestricted	890,707	(23,699)	603,255	(21,712)
Total net position	1,573,985	(34,716)	1,656,417	(41,413)
Total liabilities and net position	<u>\$ 7,614,613</u>	<u>\$ 317,032</u>	<u>\$ 3,801,666</u>	<u>\$ 340,333</u>

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
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NOTE N - COMPONENT UNITS' CONDENSED FINANCIAL INFORMATION - Continued

	2017		2016	
	Major component unit	Nonmajor component units	Major component unit	Nonmajor component units
Rental revenue from Labette Health	\$ 100,000	\$ 35,919	\$ -	\$ 19,052
Other operating revenues	1,013,928		691,910	
Total operating revenues	1,113,928	35,919	691,910	19,052
Salaries and wages, employee benefits, supplies, and other expenses	1,047,134	5,957	573,726	36,509
Depreciation and amortization	183,528	23,265		23,266
Total operating expenses	1,230,662	29,222	573,726	59,775
Operating income (loss)	(116,734)	6,697	118,184	(40,723)
Nonoperating revenues	34,302		99,877	
Change in net position	(82,432)	6,697	218,061	(40,723)
Net position beginning of year	1,656,417	(41,413)	1,438,356	(690)
Net position end of year	\$ 1,573,985	\$ (34,716)	\$ 1,656,417	\$ (41,413)

NOTE O - RISK MANAGEMENT

For the years ended December 31, 2017 and 2016, Labette Health was insured for hospital professional liability under a comprehensive hospital liability policy provided by an independent insurance carrier with limits of \$200,000 per occurrence up to an annual aggregate of \$600,000 for all claims made during the policy year. Labette Health is further covered by the Kansas Health Care Stabilization Fund for claims in excess of its comprehensive hospital liability policy up to \$300,000 pursuant to any one judgment or settlement against Labette Health for any one party, subject to an aggregate limitation for all judgments or settlements arising from all claims made in the policy year in the amount of \$900,000. The policy provided by the independent insurance carrier provides for umbrella liability in excess of the underlying limits set forth above in the amount of \$1,000,000 per occurrence with an aggregate amount in any policy period of \$3,000,000. All coverage is on a claims-made basis. The above policies were renewed on January 1, 2018, for the policy period from January 1, 2018 to January 1, 2019.

In addition to the risks disclosed elsewhere in these financial statements and notes thereto, Labette Health is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors or omissions; injuries to employees; and natural disasters. Labette Health purchases commercial insurance for these risks. Settled claims have not exceeded this commercial coverage in any of the past three years.

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NOTES TO FINANCIAL STATEMENTS - CONTINUED
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NOTE P - COMMITMENTS AND CONTINGENCIES

Labette Health purchases professional and general liability insurance to cover medical malpractice and other liability claims (Note O). There are known claims and incidents that have been asserted. These claims have been referred to Labette Health's insurance carriers and are in various stages of processing. No accrual for loss contingencies related to these items has been made in the financial statements as the amount of ultimate settlement, if any, cannot be reasonably estimated.

Labette Health leases property from the Foundation under an operating lease expiring October 31, 2052. Scheduled future minimum rental payments under this lease are as follows:

	<u>Total</u>
2018	\$ 600,000
2019	600,000
2020	600,000
2021	600,000
2022	600,000
2023 - 2027	3,000,000
2028 - 2032	3,000,000
2033 - 2037	3,000,000
2038 - 2042	3,000,000
2043 - 2047	3,000,000
2048 - 2052	<u>2,900,000</u>
	<u>\$ 20,900,000</u>

The Foundation recognized \$100,000 in other operating revenue under this rental agreement during 2017.

Labette Health also leases other property and equipment under various operating leases. Rental expense for all operating leases consisted of the following:

	<u>2017</u>	<u>2016</u>
Minimum rentals due under leases expiring in more than one year	\$ 100,000	\$ -
Other rents	<u>138,553</u>	<u>69,179</u>
	<u>\$ 238,553</u>	<u>\$ 69,179</u>

NOTE Q - RELATED PARTY TRANSACTIONS

Labette Health received \$960,576 and \$516,872 from the Foundation during 2017 and 2016, respectively. The Foundation received \$234,602 and \$13,979 from Labette Health during 2017 and 2016, respectively. Labette Health incurred \$136,435 and \$132,175 in salary and employee benefit expense on behalf of the Foundation during 2017 and 2016, respectively. Labette Health paid rent to the Foundation totaling \$100,000 during 2017.

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NOTE Q - RELATED PARTY TRANSACTIONS - Continued

Labette Health paid rent to LHRP totaling \$35,919 and \$19,052 during 2017 and 2016, respectively.

At December 31, 2017, Labette Health had approximately \$1,060,000 of deposits with a local bank in addition to an outstanding equipment lease of approximately \$560,000. A member of Labette Health's board of trustees is an executive officer of the local bank.

NOTE R - COUNTY TAX PROCEEDS

On June 26, 2001, voters of the County approved a .25 percent health care retailers' sales tax to be used as a source of funding for the provision of emergency medical services. The County has agreed to pay Labette Health an amount equal to the lesser of 100 percent of the sales tax or 95 percent of Labette Health's direct loss attributable to the provision of ambulance services. 100 percent of the sales tax exceeded 95 percent of Labette Health's direct loss attributable to the provision of ambulance services by \$382,303 during 2017 and by \$473,685 during 2016. The County has restricted these amounts to use for future capital acquisitions for ambulance services.

NOTE S - SUBSEQUENT EVENTS

During March 2018, Labette Health entered into a \$270,000 financing agreement for surgical equipment. The agreement is for five years, with monthly principal and interest payments of \$4,979.

During April 2018, Labette Health entered into a financing agreement of approximately \$430,000 for a medication dispensing system. The agreement is for ten years, with monthly principal and interest payments of \$4,453.